



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CA 90012
(213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS

STEVEN AFRIAT
PRESIDENT
RENÉE CAMPBELL
VICE-PRESIDENT
SARA VASQUEZ
SECRETARY
JAMES BARGER
COMMISSIONER
SHAN LEE
COMMISSIONER

April 2, 2012

Jennifer J. Cathcart
My Spa

HEARING ON APPLICATION FOR MASSAGE PARLOR-GENERAL /SC **BUSINESS LICENSE ID #138729**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, April 11, 2012 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Lupe Duron
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :NEWHALL SIGNAL

PUBLISH 3 TIMES

1ST PUBLISHING DATE:03/15/2012
2ND PUBLISHING DATE:03/22/2012
3RD PUBLISHING DATE:03/29/2012

REPRINTS ORDERED: NONE

NOTICE ON HEARING TO CONDUCT

MESSAGE PARLOR-GENERAL/SC

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:26615 BOUQUET CYN RD
SANTA CLARITA, CA 91350
NAME OF APPLICANT: "MY SPA" / JENNIFER J. CATHCART
"MY SPA"
DATE OF HEARING: 04/11/2012
TIME OF HEARING: 09:00 A.M.

**"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD
RELATIVE THERETO"**

OFFICE OF THE COMMISSION:

OFFICE OF THE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **26615 BOUQUET CYN RD, SANTA CLARITA, CA 91350**

TELEPHONE:

OWNER OF BUSINESS: **JENNIFER J CATHCART**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **"MY SPA"**

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	08/05/11	
<input checked="" type="checkbox"/> 4. Fire Department	YES	03/08/12	
<input checked="" type="checkbox"/> 5. Public Health	YES	08/18/11	
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	09/23/11	
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	07/28/11	
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing			
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	09/15/11	

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: *Business License fees are NOT refundable*

Fee: \$ 2,157.00

ID # 138729

BUSINESS INFORMATION

Type of Business: <u>8430</u>	Address of Business: <u>26615 BOUQUET CYN RD., SANTA CLARITA</u>	
<u>Massage Parlor General</u>	Business Telephone: <u>954 CA 91350</u>	
DBA (Business Name): <u>"MySpa"</u>	Mailing Address: <u>26615 BOUQUET CYN RD., SANTA CLARITA</u>	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles

APPLICANT INFORMATION

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 7.27.2011 Applicant's Signature: [Signature]

Application taken by: llb Date: 7-27-11

ZONING REFERRAL

I.D. #: 137829

TO: CITY OF SANTA CLARITA
COMMUNITY DEVELOPMENT/PLANNING
23920 VALENCIA BLVD., STE # 140
SANTA CLARITA, CA 91355

FROM: TREASURER TAX COLLECTOR
BUSINESS LICENSE SECTION
23757 VALENCIA BLVD
SANTA CLARITA CA 91355

DATE: 7-18-11

TYPE OF BUSINESS(ES) Massage Parlor - General

ADDRESS OF BUSINESS 26615 BOUQUET CYN Rd #6

CITY Santa Clarita ZIP CODE 91350

NAME OF OWNER JENNIFER CATHCART

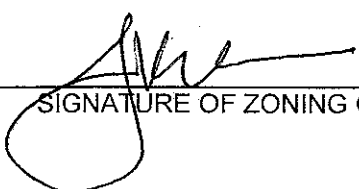
"DBA" MY SPA MASSAGE STUDIO TEL. #

MAILING ADDRESS

EXISTING USE YES (☒) NO ()

USE PERMITTED IN ZONE Approved USE NOT PERMITTED IN ZONE
"APPROVED" "DENIED"

REMARKS


SIGNATURE OF ZONING OFFICER

7/18/11
DATE

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 26615 BOUQUET CYN RD, SANTA CLARITA, CA 91350

TELEPHONE:

OWNER OF BUSINESS: JENNIFER J CATHCART

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: "MY SPA"

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

BUILDING & SAFETY

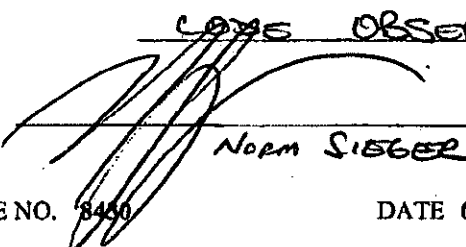
SANTA CLARITA

☒ APPROVAL☐ DENIAL

OK RP

RECOMMENDATION: NO VIOLATIONS OF ORDINANCE. ALL BUILDING
PERMITS FINALIZED, NO VIOLATIONS OF BUILDING
CODES OBSERVED.

SIGNATURE:


Norm Sieger

DATE:

8/4/11

BASIC LICENSE NO. 8460

DATE 07/28/11

IDENTIFICATION NUMBER 138729

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street, Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL SC

ADDRESS OF BUSINESS: 26615 BOULEVARD CYN RD, SANTA CLARITA, CA 91350

TELEPHONE:

OWNER OF BUSINESS: JENNIFER J. CATHCART

CAL. DR. LIC#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: "MY SPA"

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**

APPROVAL



DENIAL

RECOMMENDATION:

0 violation

Reasonable fire safe at time of inspection

SIGNATURE

Inspector Bob Kelly

DATE

3/8/12

BASIC LICENSE NO. 5430

DATE 03/07/12

IDENTIFICATION NUMBER 138729

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 26615 BOUQUET CYN RD, SANTA CLARITA, CA 91350

TELEPHONE:

OWNER OF BUSINESS: JENNIFER J CATHCART

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: "MY SPA"

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**REGIONAL PLANNING
SANTA CLARITA**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 7/28/11

BASIC LICENSE NO. 8430

DATE 07/28/11

IDENTIFICATION NUMBER 138729

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

7/28/11

70

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 26615 BOUQUET CYN RD, SANTA CLARITA, CA 91350

TELEPHONE:

OWNER OF BUSINESS: JENNIFER J CATHCART

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: "MY SPA"

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**PUBLIC HEALTH
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: [Signature]

DATE: 8/15/11

BASIC LICENSE NO. 8430

DATE 07/28/11

IDENTIFICATION NUMBER 138729

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MESSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 26615 BOUQUET CYN RD, SANTA CLARITA, CA 91350

TELEPHONE: ~~4~~ 6

OWNER OF BUSINESS: JENNIFER J CATHCART

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: "MY SPA"

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

✓ known
911-01004
mp 8/2/11

SMITH,

PARTNERS

SHERIFF FINGERPRINT

LA COUNTY

☒ APPROVAL☐ DENIAL

RECOMMENDATION: ...

Approval

SIGNATURE: WJP 536470

DATE: 9/14/11

BASIC LICENSE NO. 8430

DATE 07/28/11

IDENTIFICATION NUMBER 138720

8/11

AB